SIRTH NO.  SEE. DIST. NO.  PRIMARY REG. DIST. NO.  PRI	FILED MAY 2	6 1955	STANDARD CERTIF	ICATE OF DEAT	r TH State File No.	15786
1. PALACE OF DEATH  a. COUNTY  A.	BIRTH NO.		REG. DIST. NO. 157	PRIMARY REG. DIST. N	3028	78
OF TOWN  OF PULL NAME OF CUT spa is begrevated institution, or proper address or location)  NOSTITUTION  3. NAME OF DECEASED BUT ON THE STATE OF THE	I. PLACE OF DEA	TH LA L				netitation: residence be
ADDRESS   ADDR		DUTALLE MILES, WITE B	township) STAY (in this place)	11 OR #	copie "	ty or incorporated form?
S. CALL OCCUPATION (Give kind of war)   10. KIND OF BUSINESS OR IN-   1. BUTTLE   1. BUSINESS OR IN-   1. BUSINE	d. FULL NAME OF VI HOSPITAL OR INSTITUTION	if not in hamitally in	nstitution, give street address or location)	. STREET ADDRESS		013
SUBJECTIVE ACCOUNTY   COUNTY		Enn	b. (Middle)	c. (Last)	OF A	(Day) (Year) - 1953
DUSTRY    13a. FATHER'S NAME   13b. MOTHER'S MAJDEN NAME   14. NAME OF HUBBAND'OR WIFE OF HUBBAND'OR WIFE OF HUBBAND'OR WIFE OF MAJDEN NO.   15. WAS DECKASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT S. CHRATURE OR NAME ADDITION OF MAJOR NO.   18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   18. This does not meen the mode of dring, such as heart follure, exthenia, the such cause first the those cause?   18. SOCIAL SECURITY NO.   18. MOTHER OR NAME ADDITION OF THE NAME ADDITION OF THE NAME AND THE NAME ADDITION OF THE N	Semale 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (82-dfy)	8. DATE OF BIRTH	80 9. AGE (In years) IF then last birthday) Months	Days Funder M :
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. a., upphotion) III yes, give way or gates of service)  IS. CAUSE OF DEATH LEADING ON DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION  INC. DIRECTLY LEADING TO DEATH* (b) MEDICAL CERTIFICATION  INTERVAL ONSET AN OPEN CONDITION DIRECTLY LEADING TO DEATH* (a) DIRECTLY LEADING TO DEATH* (b) DIRECTLY LEADING TO DEATH* (a) DIRECTLY LEADING TO DEATH* (b) DIRECTLY LEADING TO DEATH* (c) DIRECTLY LEADING TO DEATH* (d) DIRECTLY LEADING TO DIRECTLY LEADING TO DEATH* (d) DIRECTLY LEADING TO DIRECTLY LEADING TO DEATH* (d) DIRECTLY LEADING TO	10a. USUAL OCCUPATIO done during most of workin	N (Clive kind of work a life, even if retired)	içb. KIND OF BUSINESS OR IN- DUSTRY	<i>U</i> "49	and State or Foreign Country)	12. CITIZEN OF WI-
It   It   It   It   It   It   It   It	13a. FATHER'S NAME	seen			4. NIME OF HUSBAND OR WI	EPoto 1.
Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dring, such as heart fallure, authenia, de. If means the disease or condition on the mode of dring, such as heart fallure, authenia, de. If means the disease or condition on the mode of dring, such as heart fallure, authenia, de. If means the disease or condition on the disease or				$\Sigma$ . T. $I$ $Z$	SUGNATURE OR MANE	ADDRESS comis
as heart failure, as theria, the discuss the factor in course last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITION  DUE TO (c)  III. OTHER SIGNIFICANT CONDITION  Conditions contributing to the death but not related to the disease or condition anusing death.  IPa. DATE OF OPERATION  Phomicipe  21b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about borne, farm, factory, street, office bidg., sec.)  FINDING  21d. TIME (Month) (Day) (Year) (Hour) (21e. INJURY OCCURRED WHILE IN NOT WHILE WORK AT WORK	Enter only one cause per line for (a), (b), and (c)  *This does not mean	ANTECEDENT CA	ONDITION ING TO DEATH*(a) <b>PARALI</b> AUSES	replication	0	ONSET AND DEAT
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour)  21d. INJURY  21d. INJURY OCCURRED WHILE MORK AT WORK  21f. How did in Jury occur?  21f. How did in Jury occur?  22f. I hereby certify that I attended the deceased from AT WORK AT WORK  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Signature of the disease of condition causing death.  22g. Alane of Cemetery of Crematory  22g. Signature of the disease of condition causing death.  22g. Alane of Cemetery of Crematory  22g. Signature of the disease of condition causing death.  22g. Alane of Cemetery of Crematory  22g. Signature of the disease of condition causing death.  22g. Alane of Cemetery of Crematory  22g. Signature of the disease of condition causing death.  22g. Alane of Cemetery of Crematory  22g. Signature of the disease of condition causing death.  22g. Alane of Cemetery of Cemetery  22g. Signature of the disease of country  22g. Alane of Cemetery of Cemetery  22g. Signature of the disease of country  22g. Alane of Cemetery  2	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	the underlying cau	buse (a) stating use last.  DUE TO (c)	ascited		
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  22. I hereby certify that Lattended the deceased from 1.00 Month of the date stated above.  22. I hereby certify that Lattended the deceased from 1.00 Month occurred at 1	non which causes usuta.	Conditions contrib	buting to the death but not	•		·
SUICIDE HOMICIDE  borne, farm, factory, street, office bldgeec.)  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  WHILE AT NORK   AT WORK   22f. I how DID INJURY OCCUR?  22. I hereby certify that Lattended the deceased from   - 2 8 , 19 3 f. to 5 - 9 , 19 3 f. that I last saw the calive on 2 19 6, and that death occurred at 3 6 m., from the causes and on the date stated above.  23a. SIGNATORS  (Degree or title)   23b DDRESS   23c. DATE   24c. MAME OF CEMETERY OR CREMATORY   24d LOCATION (City, town, or county)   3 - 13 - 5 5   3 - 5 6 m.	19a. DATE OF OPERA-	19b. MAJOR FINE	DINGS OF OPERATION		. 442x	20. AUTOPSY1
22. I hereby certify that Lattended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR TO	OWNSHIP) (COUNTY)	(STATE)
alive on 19 19 19 and that death occurred at 4 3 pm., from the causes and on the date stated above.  23a. SIGNATORY  Compared to the causes and on the date stated above.  23b. DATE  24a. BURIAL. CREMA- TION, REMOVAL (posetty)  24c. MAME OF CEMETERY OR CREMATORY  24c. MAME OF CEMETE	21d. TIME (Month) OF INJURY	(Day) (Year) (	WHILE AT ( NOT WHILE )	211. HOW DID INJURY O	CCUR?	
23e. SIGNATORES  (Degree or title)  (Degree or titl						
24a-BURIAL, CREMA- 24b. DATE 24c. MAME OF CEMETERY OR CREMATORY 24cgLOCATION (Oity, town, or county)  TION, REMOVAL (posetty)  T. / 3 - 55  24c. MAME OF CEMETERY OR CREMATORY  Laura Laur		you	(Degree or title)	barloke	ms	23c. DATE SIGNI
	24a BURIAL, CREMA- TION, REMOVAL (Procesty)	24b. DATE 	240. NAME OF CEMETER	Y OR CREMATORY 24	ALCATION (City, town, or con	(State)
5-14-535 My Clenton o Jackson + soms Sauster	DATE REC'D BY LOCAL 5-14-5-8		1 011 - 131	OCALAN	OR'S SEMATURE SAL	eafee s

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba by me, or by ......, Student Embalmer No......

working under my personal supervision..

Signature of Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.